

September 11, 2019

received
9/11/19
#R
Via
email

Arizona State Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, Arizona 85007

In re: Gurjit Sandhu (20-13)

Dear Tracy:

Pursuant to your August 29, 2019 letter, I am providing you this signed narrative account in this matter. My medical records for this patient were previously provided to you in case 19-78 In Re: Alicia Smith, D.V.M.

On March 15, 2019, I examined "Tyson" Detjens, a 7-year-old male Pit-Bull mix. On presentation, the owner reported that the dog had a recent history of appearing confused, had been unable to stand or use his back 2 legs and had been experiencing uncontrolled urination and defecation. The owner also reported that the dog had been seen at another hospital and had been taking gabapentin, an NSAID (carprofen) and steroid (prednisone). With regard to the owner's prior use of carprofen and prednisone, they had been administering improper dosages.

From the symptoms and radiograph, possible intervertebral disease ("IVD") and valley fever were on the top of my differential list. After discussing the side effects of the prednisone and carprofen, I proposed an appropriate dosage and use of these medications together to help this extremely sick dog.

I know that usually NSAIDs and steroids are not to be given concurrently but I attended the Western Veterinarian Conference in Las Vegas in February of 2008 where a renowned internal medicine specialist recommended the concurrent use for situations such as this involving extremely sick dogs with suspected IVD.

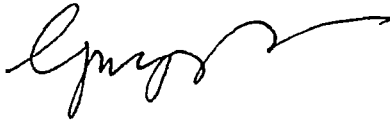
Also, I have enclosed a page from the carprofen section of *Plumb's Veterinary Handbook* in which it approves the closely monitored use of carprofen with corticosteroids such as prednisone. That is exactly what I did in this case. In fact, I contacted the owner the next day to see if there had been any improvement after having given a single injection and single oral dose at home and when they indicated that there had been no improvement, I instructed them to immediately discontinue the administration of the prednisone. (See enclosed 3/16/19 at 10:19 a.m. communication record).

On the following day, March 17, 2019, I called the owner to follow up on Tyson's condition and when I was told that he was getting worse, I advised that he should be taken to the Southwest Veterinary Surgical Center for possible MRI and/or surgery.

I also called the owner again on March 18, 2019, after the lab results had been received and left a message that Tyson had tested positive for valley and tick fever.

In closing, I admit that I gave the steroid and NSAID together but did so knowingly based upon well recognized medical authority. I also appropriately monitored the concurrent use closely and instructed the owner to discontinue the use of the prednisone less than 24 hours after the in-clinic injection.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gurjit Sandhu', with a long horizontal flourish extending to the right.

Gurjit Sandhu

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE DIVISION REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: Investigative Division

RE: Case: 20-13

Complainant(s): Arizona Veterinary Medical Examining Board

Respondent(s): Gurjit Sandhu, D.V.M. (License: 4213)

SUMMARY:

Complaint Received at Board Office: 8/21/19

Board Discussion: 10/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On August 21, 2019, the Board opened an investigation regarding Respondent's care and treatment of "Tyson" Detjens, a 7-year-old male Pit Bull mix on March 15, 2019; specifically administering and dispensing NSAIDs and steroids concurrently.

PROPOSED 'FINDINGS of FACT':

1. On March 15, 2019, the dog was presented to Respondent at Christown Animal Hospital for a second opinion. Ms. Detjens, the pet owner, reported that the dog had been seen elsewhere, was started on carprofen – which did not help – and the dog had been on prednisone since then, which seemed to be helping. Respondent examined the dog and noted that he was very lethargic and could not sit or stand. The dog had heavy respirations and the dog had proprioception deficits in both rear legs. Respondent's rule-outs were possible IVD, hip dysplasia, OCD/back injury trauma, valley fever, brain abscess, tumor and open.

2. Radiographs were performed and revealed very bad spondylosis in the lumbar area, OCD hip and knees, mild hip dysplasia, and interstitial pattern in lungs – possible valley fever. Ms. Detjens declined radiologist consult and approved blood work. Blood was collected and the dog was administered and dispensed the following:

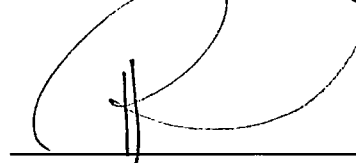
- a. Dexona 4mg SQ;
- b. Cerenia 30mg SQ;
- c. Metacam 5mg/mL – 0.5mL SQ;
- d. Prednisone 20mg; twice a day for 5 days, then once a day for 5 days;
- e. Carprofen 100mg, 10 tablets; ½ tablet twice a day; and
- f. Famotidine 4mg twice a day – OTC.

3. On March 16, 2019, Respondent called Ms. Detjens to get an update on the dog. He was advised that the dog was about the same, therefore Respondent told the pet owner to discontinue the prednisone. Blood work revealed anemia, amylase, creatinine and BUN – elevated; Valley Fever pending; and need to start on SQ fluids.

4. Respondent did not submit the March 16, 2019 communication page of the medical record with the original request for information in case 19-78, In Re: Alicia Smith, DVM.

5. Respondent explained in his narrative that usually NSAIDs and steroids are not to be given concurrently but he attended a conference in 2008 where a renowned internal medicine specialist recommended the concurrent use for situations such as this, involving extremely sick dogs with suspected IVD. Respondent enclosed a section from the carprofen page of Plumb's Veterinary Handbook in which it approves the closely monitored use of carprofen with corticosteroids such as prednisone.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division